

THE CASSEL HOSPITAL

FOR FUNCTIONAL NERVOUS DISORDERS

Founder : The Right Honourable Sir Ernest Cassel, G.C.B., G.C.M.G., G.C.V.O.

Patron : Her Majesty Queen Mary.

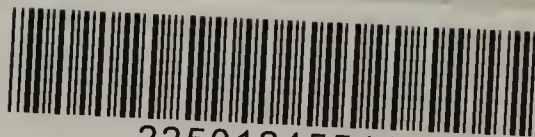
Medical and General Reports and Accounts

FOR THE PERIOD FROM

1st JANUARY TO 4th JULY, 1948

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THE CASSEL HOSPITAL FOR FUNCTIONAL NERVOUS DISORDERS

Founder :

The Right Honourable Sir ERNEST CASSEL, G.C.B., G.C.M.G., G.C.V.O.

Patron :

HER MAJESTY QUEEN MARY

Trustees :

The Rt. Hon. Sir FELIX CASSEL, Bt., K.C. (Chairman).

The Lord COURTAULD-THOMSON, K.B.E., C.B.

General Committee :

| | |
|--|---|
| The Rt. Hon. Sir. FELIX CASSEL, Bt., K.C. (Chairman). | LESLIE LETTS, Esq. |
| *Sir ADOLPH ABRAHAM, O.B.E., M.D., F.R.C.P. | *EMANUEL MILLER, M.A., F.R.C.P. |
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| FRANCIS CASSEL, Esq. | *C. H. ROGERSON, M.D., F.R.C.P. |
| The Lord COURTAULD-THOMSON, K.B.E., C.B. | *J. A. RYLE, M.D., F.R.C.P. |
| *DESMOND CURRAN, M.B., B.Chir., F.R.C.P. (<i>Jan./Mar.</i>). | S. W. SMART, Esq. |
| Lord FORRESTER. | *Sir CHARLES SYMONDS, C.B., M.D., F.R.C.P. |
| *BERNARD HART, M.D., F.R.C.P. | V. E. VINCENT, Esq. |
| *The Rt. Hon. Lord HORDER, G.C.V.O., M.D., F.R.C.P. | |

**Consulting Physicians to the Hospital.*

Medical Director :

T. F. MAIN, M.D., D.P.M.

Physicians :

| | |
|--|-------------------|
| W. McINTYRE, M.D., M.R.C.P. | February, 1948. |
| and Deputy Medical Director from | 26th April, 1948. |
| BERTA ANDRATSCHKE, M.D. | |
| S. H. LUCAS, M.R.C.S., L.R.C.P., D.P.M. | February, 1948. |
| F. H. EDWARDS, M.R.C.S., L.R.C.P., D.P.M. | February, 1948. |
| J. N. RUNES, M.D. | March, 1948 |
| A. H. WILLIAMS, M.B., Ch.B., D.P.M. | March, 1948. |

Physicians (Part Time) :

| | |
|---|-----------------|
| L. H. RUBINSTEIN, M.D., D.P.M. | January, 1948. |
| S. S. DAVIDSON, M.R.C.S., L.R.C.P. | February, 1948. |

Psychologist :

| | |
|----------------------------------|-------------|
| Miss MARGARET BRADY, M.A. | June, 1948. |
|----------------------------------|-------------|

Social Therapist :

| | |
|----------------------|-----------|
| Mr. R. BRAUND | May, 1948 |
|----------------------|-----------|

Medical Secretary :

Miss MARY A. MACRAE.

Matron :

Miss D. WEDDELL, S.R.N., S.C.M.

House Governor :

C. HAKE, Commander R.N.R. (to 31st May).

Secretary :

Miss DOROTHY MALLION.

Bankers :

MIDLAND BANK LIMITED, Poultry and Princes Street, London, E.C.2.

Auditors :

BARTON, MAYHEW & Co., Chartered Accountants, Alderman's House, Bishopsgate, London, E.C.2.

Solicitors :

LEWIS & LEWIS and GIBBORNE & Co., Ely Place, E.C.1.

Medical Director's Annual Report.

1st JANUARY TO 4th JULY, 1948.

NINETEEN-FORTY-EIGHT was a year of change and growth for the hospital. On New Year's Day the hospital had been established in its new site for some three weeks, there were only 20 patients, a small medical and nursing staff, a few of the domestic staff from Ash Hall, and a few of the domestic staff of the Lawrence Hall Hotel who had stayed on when the hospital moved in. There was much to be done.

The building was in poor shape. The temporary repairs to the damage caused by the flying bomb which had landed in the grounds in 1944 were minimal, and temporary ceilings, some cracked internal walls, broken plaster-work, a leaking roof, were reminders of it. The building generally was badly in need of redecoration and cleaning, and peeling wallpaper, damaged and dirty paintwork, a confused and unsafe electrical system complicated by years of emergency repairs, made the building dark, unattractive and shabby. The hotel annexe, of corrugated iron and wood, was rusting and smelling and unfit for use by the hospital. Much of the garden was overrun with ivy, the lawns had been neglected, and many of the trees were unsafe. The kitchen equipment was inefficient and uneconomical, and there was much old-fashioned equipment in poor repair. The lavatories were insanitary, and early in the year one of the tanks burst. The building was infested with cockroaches and mice. Nonetheless, Lawrence Hall had distinction and charm, and offered good prospects of becoming a suitable building for the hospital.

The plan to expand to 100 beds demanded considerable alterations to the building fabric and much refurnishing. Another problem of magnitude was that the hospital, staffed only for 20 patients, needed to treble its staff, and medical, nursing, administrative, domestic and maintenance staff were all required in considerable numbers at this time of national shortage of all labour.

The third major issue the new year brought was the possibility of entering the National Health Service in 1948—a consideration that would necessarily modify all other plans.

By the end of 1948 the major problems had been solved. The building had been transformed, a new electrical system had been installed, a new additional entrance had been provided, the more rambling of the corridors had been straightened, the plumbing system had been repaired, the hospital annexe had been divided up into single rooms for patients, the buildings had been completely redecorated inside and

out, and with the addition of the furniture from Swaylands and some new equipment the hospital was a place of freshness and charm. Labour-saving devices and new installations in the kitchens, a new telephone system, a staff locator system and a new servery had reduced the number of staff required to run the building. A suitable medical staff had been recruited. The hospital had 104 beds with a full domestic and nursing staff. An administrative staff enlarged to meet the requirements of the new building was working efficiently.

On July 5th, the hospital surrendered its endowments, entered the National Health Service, and ceased to be a private Foundation. At the end of the year it was operating efficiently under its own Hospital Management Committee as Hospital Group No. 51 under the South West Metropolitan Regional Hospital Board.

During the year Swaylands, the home of The Cassel Hospital for 26 years, was sold. Everyone who had been associated with it and remembered the magnificence and charm of its grounds, regretted the hospital's parting with this country mansion.

This report is concerned with the events of the year only up to July 5th, the advent date of the National Health Service, at which time the hospital's reorganisation in the new building was not at an end. It is my last report to The Cassel Hospital Committee which ceased to exist on July 4th, 1948. It concerns therefore not the full events of the year, but only those that took place before that date.

The Sale of Swaylands

Negotiations for the sale of Swaylands conducted by Mr. Hake were completed on 1st July, 1948, when the Middlesex County Council took possession.

Alteration to the Hospital Building at Ham

Contracts for building were signed in March and the builders invaded the hospital in April. The need for detailed consultation between the builders and the hospital was considerable because every room at the hospital had to be occupied by the builders at some time or another, and for the rest of the period under review, patients were moved from one room to another as the builders released accommodation, and invaded other portions of the property. Similarly all staff, medical, nursing, administrative and maintenance were moved from one temporary office to another as the building work proceeded. Almost everyone had several changes of office during this

period. Inter-office communications had sometimes to be conducted by means of plank-walking, and great demands were made on the staff who met the difficulties with unfailing cheerfulness and tolerance. A special difficulty was caused by the discovery that one wall through which it was proposed a new entrance be made, was unsafe, so that that portion of the building had to be hurriedly evacuated. Another difficulty arose from a delay in the creation of a lift shaft, when it was discovered that the foundations of the old 18th century part of the building rested on sand that had to be replaced by concrete. This set back the builders' careful schedule. Otherwise the programme of the builders for occupying and evacuating rooms went like clockwork. Weekly meetings between staff, the architect and the builders' representatives produced the fullest co-operation, and interest in the builders' programme grew to a point where the patients and staff arranged an evening's entertainment in honour of the builders' men, who were aware that each day of building was disrupting the work of the hospital.

The majority of the structural work was finished by the Appointed Day, although much had still to be done in the way of details of decoration, furnishing and fittings. The number of beds was reduced when building operations began and fell from 45 to 20. Some patients were not well enough to be discharged to their homes and accommodation was sought and found for recovering patients to live near the hospital and continue their treatment as out-patients. The medical staff was occupied fully throughout the period and the Social Therapy Unit and Nursing Staff worked wonders in helping patients to deal with the disturbed conditions of daily life.

Some comments on the accommodation of the building can already be made. Whereas at Swaylands all patients had single rooms, in the new building this will not be possible, and the majority of patients will have to share rooms. There are 15 single rooms, 10 two-bedded rooms, 8 three-bedded rooms, 5 four-bedded rooms, 5 five-bedded rooms. I regard this arrangement as having more medical advantages than disadvantages, but as a whole, the hospital has too few single rooms, and ten more are required.

The general accommodation is good and a separate consulting-room block has been made by the conversion of stables, and an administrative office area has been formed within the building. There are good recreational facilities, with dance floor, and tennis courts, but there is at present insufficient provision for Occupational Therapy. There is but one crowded staff common-room, no committee room, no room for staff study or library, and but one dining-room. This last matter is of consequence in that doctors have to spend their meal times in the presence of patients, and the doctor/patient relationship, upon which so much in psycho-therapy is based, is thereby beset with unnecessary difficulties.

Staffing—Medical

Dr. W. M. McIntyre and Dr. S. Lucas were appointed whole-time physicians, and Dr. S. Davidson and Dr. L. H. Rubinstein half-time physicians in February, 1948. Dr. F. H. Edwards was appointed Registrar to the hospital in February and Dr. A. H. Williams and Dr. J. Runes in March. It was known that 10 doctors would be needed for in-patients alone when the hospital had 104 beds. Because of the state of the building there was no prospect of the full patient complement occupying the hospital until after the full building programme had been completed, but meanwhile the available beds were filled so that by the end of March the hospital had almost 50 beds filled and was working well in the newly acquired building. In view of the prospect of the disruption of the hospital by the building programme in May, June and July, a series of formal discussions was held by the medical staff on the methods of working to be employed by them and the nursing staff after the hospital had been redecorated and enlarged. The whole concept for a hospital for neurosis came under review and many details of medical policy were hammered out in preparation for the future.

Nursing Staff

The recruitment of the nursing staff proceeded at a rate that coincided with the phases of hospital development during the year. An initial recruitment sufficient to staff 70 to 80 beds was made; then a halt was called in May pending the half-evacuation and alteration of the building, while plans were made to expand the nursing staff when the extra accommodation in the finished building would be available. On July 4th the hospital had 15 State Registered Nurses, which was sufficient for our immediate needs.

During the year the nursing shortage in the country was severe, but the response to our advertisements was remarkably good and we continued to select our nurses carefully, accepting about one in six of the applicants, all of whom were given the technical procedure described in my report for 1946. The procedure itself did not seem to deter any applicants. From letters of thanks, even from unsuccessful candidates, it seems possible that the attractiveness of the hospital to nurses was actually enhanced by the selection procedure, which gave every applicant the feeling that she had had a square deal.

Domestic Staff

The need of the hospital for extra domestic staff was great at the beginning of the year. Very few had accompanied us from Ash Hall, and the Matron was concerned to find sufficient domestic staff to run the building. Some of the domestic staff who had worked at Lawrence Hall when it was an hotel stayed on, and the hospital engaged others, some on a part-time basis. Within a few months the hospital's

reputation as an employer was sufficiently known in the neighbourhood for us to have that rather rare thing—a short waiting list for domestic workers.

Maintenance Staff

Gardening staff, a carpenter and a temporary carpenter, a stoker and handyman were newly recruited.

Administrative Staff

The hospital administrative staff was also modified to meet the new demands made on it. It was decided that the hospital should no longer employ two senior administrative officials, and that the building at Ham did not justify the further use of a House Governor. It was decided that Miss Mallion should remain as Secretary of the hospital, and when the post of House Governor was abolished, Mr. Hake resigned from the hospital's employment. In view of his devoted service, the Committee unanimously voted him a gratuity, and he was engaged as agent for the sale of Swaylands. The clerical staff of the enlarging hospital was increased by two medical secretaries and two administrative assistants.

Social Therapy Staff

The plans made at the end of 1947 to have a Social Therapy Unit were implemented. Mr. Braund joined the hospital in May as Social Therapist, but a suitable psychiatric social worker, capable of initiating a department, was not found until after the National Health Service took over the hospital.

Psychological Staff

Miss M. Brady was appointed Psychologist to the hospital in June and at once began to work in the Triage Unit.

Certain of the old staff of the hospital at Swaylands and Ash Hall ceased to be engaged and those who left the hospital's service were given gratuities.

The whole hospital establishment which had been reviewed in 1947 in prospect, for the new building, was again scrutinised and the whole staff system was revised. Some posts were left unfilled, partly in view of the prospect of closing part of the hospital during the rebuilding period, and partly to provide elasticity of design, for it was plain that the National Health Service would create the need for further modifications after July.

Nurses' Training

From the beginning of the year it was plain that the recruitment of new nurses would involve many who had never done work in a neurosis hospital before. The hospital course for ward sisters was therefore replanned, intensified and enlarged in scope,

but shortened from 18 months to one year. The year's course began in January, and it was designed to allow new groups of Sisters coming to the hospital throughout the year to be taught quickly the principles of psychological nursing. Weekly case discussions, lectures and seminars were held by the medical staff and Matron. This period of active teaching was an important investment for the future, and I am grateful to the Matron who planned it all, to the staff who co-operated in it, and to the new doctors and the nucleus of our trained Sisters who placed at the disposal of the new nurses their knowledge and friendship.

Doctors' Training

Two of the new Registrars took advantage of the hospital's arrangement with the Institute of Psycho-Analysis, and began training there in May during their spare time. There is little doubt that this training, together with the case conferences at the hospital, plays an important part in the training of a psycho-therapist and will bear fruit for the hospital in the future.

Staff Relations

The trebling of the hospital's size and the engagement of many new staff of all grades who had to settle down with the staff from Ash Hall and the staff taken over from the Lawrence Hall Hotel, created a period when the growth of satisfactory relationships among the staff was all important. The education of the whole staff about the needs of the hospital was carried out by the use of general meetings of explanation of hospital policy, and methods of fulfilling the needs were worked out by all the staff in joint consultation. The Social Therapist, who was appointed in May, played a great part in the establishing of good staff relations, by holding weekly group meetings of the various grades of staff and by creating full liaison and working unity within the hospital. Social gatherings were also held to help the staff to get to know each other. Because of these measures staff relations were harmonious from the first, and in spite of difficult work and accommodation conditions, the staff was welded into a co-operative team, the hospital was a happy place, and the atmosphere in which patients were treated was sound and useful.

At this time the principles of furthering sound human relations in communities, which in the past decade had been growing into a corpus of knowledge more recently described as "Sociatry," were studied in respect of the needs of a neurosis hospital. In particular the need for patients to live in a self-disciplined society was studied, together with the need for community cohesion of a degree sufficient to prevent disruption of the hospital by grossly neurotic behaviour. The fostered growth of reform and harmony within the patient is always liable to be

hampered by any situation in which the doctor may be seen less as a personal helper than a representative of a disciplinary authority. And yet discipline in a hospital is essential. This knotty problem of hospital design which occupied Simmel at the Tegel Clinic in Berlin, and which has been faced and solved in various ways by the Menninger Clinic, the Austin Riggs Foundation and Chestnut Lodge in the United States, was given further study by the medical staff, and our own lessons of 1945 were garnered. Throughout the period a patients' committee sat with its own officers to administer the procedures, privileges, disciplines and activities of the patient's life. A patient/staff liaison committee to handle matters involving patient/staff relations at all levels grew at the instigation of the patients after group discussions had been held, and it was most useful for the voicing of requests and the face-to-face delineation and easing of tensions and difficulties in the changing community. In addition, the forming of staff groups, mutually consultative and formally given the task of increasing efficiency methods, completed a new staff orientation and permitted the growth of new insights and freedoms and the clearest assumption of responsibilities. A system of accepted and self-structured discipline grew from the needs shown in group discussions and from a growing recognition by all of the need to co-operate in solving the complex problems of doctor/nurse/administrative staff/patient relationships. In turn there grew inside the hospital permanent functional groups and social institutions with rules elastic enough to be modifiable by a changing population. Once a week I met delegates from all the staff groups to discuss joint action on any hospital problem they or I might think important. The staff's increased understanding of each other's work problems, and a willingness to help each other, was an immediate result. Moreover, this weekly meeting saved time and made it unnecessary that I or the Secretary should have to ponder and decide any of the thousand and one matters that were settled spontaneously at face to face meetings by the people concerned. In turn, staff groups were given responsibility and power to decide the working methods and arrangements needed within a fixed economy; this they did, and their co-operative arrangements have saved the hospital time and money. This process of re-orientation within the hospital occurred spontaneously and was dictated by the needs felt by the community, and occurred at a pace decided by it. My own role at this time was to provide channels whereby these needs could be expressed and clarified, to ask for proposed solutions of them by the staff, to ensure that all who would be affected by a decision should have opportunity of discussion, and then to scrutinise and place before the Committee any needs requiring the expenditure of money. There is evidence that the human wealth of the hospital is well used by this system and that it improves relationships and increases efficiency;

moreover, that the devolving on the patients of the responsibility for solving many of their own problems is not only healthy, but is an essential requirement of a hospital that seeks to treat neurosis or indeed any disturbance of the capacity to form mature human relations.

An important gain is that the doctors have been largely freed from the need to create and dictate minutiae of regulations and rules or to seek special privileges or exemptions for unusual cases. They have been able to devote less of their time to the question—"What is wrong with the hospital that this patient is under strain in it?"—and more time to the question—"What is wrong with the patient that he cannot use the freedoms and opportunities of the hospital?"

This social resetting of the hospital, begun in 1948 and continued in 1949, has demanded the most cautious and regular scrutiny and study, for there are few or no precedents. Our experiences have created much interest in hospitals in England and abroad. We have had visitors from Holland, Czechoslovakia, France, Switzerland, America, New Zealand, South Africa, Brazil, India as well as from this country; some social scientists and industrial practitioners as well as doctors have been interested in it.

Triage Unit

The number of applications for admission to the hospital remained throughout the year higher than the capacity of the hospital to admit. Many of the patients requesting admissions were, however, unsuitable for treatment or required treatment by methods other than psychotherapy. It was felt to be wasteful to put all aspiring patients on the waiting list for treatment, and early in the year a beginning was made with the policy that all patients should be seen and given full psychiatric assessment before any agreement to give treatment was made. All prospective patients living near enough to the hospital to pay a day's visit were interviewed as out-patients, while those living in the provinces were admitted for a preliminary week of assessment and thereafter discharged. Those found suitable were placed on the waiting list, while others were given full consultation and advice, which sometimes included recommendations that they go to other hospitals. I know that general practitioners and psychiatrists who have referred patients to the hospital are grateful for the evaluation report. In June the Triage Unit was formed with two doctors and the psychologist. Thereafter each patient was seen by at least one doctor and was given full psychological testing in addition. The techniques of assessment were being refined towards the end of the period, and the addition of the Psychiatric Social Worker to the staff in future will provide better triage (sifting). The Triage Unit thus ensures the proper and economical use of the hospital beds.

The investigation of the Triage Unit is less concerned with diagnosis, which is a relatively simple matter to decide, than with prognosis, which is sometimes an extremely difficult matter, but it is important that before admission to a treatment bed is agreed, a clear and full prognosis should be made, especially of those patients whose former psychiatric treatment has failed.

I have the impression that with the growth of psychiatric services in the last 15 years, the hospital is receiving a different kind of patient from those described by Dr. Ross in the 20's. Reports of the hospital 20 years ago show that almost all patients were receiving psychiatric treatment for the first time. Nowadays there are many out-patient psychiatric centres where patients with less severe difficulties may receive benefit, and perhaps for this reason, the hospital's care is being sought increasingly for the most difficult problems of treatment and for patients who have had initial treatment without success at other hospitals. About one-third of the patients now being admitted have before admission received psychiatric treatment elsewhere which has failed to relieve them. One-fourth of our patients have had one or other of the modern physical treatments for their illness and have not benefited by them. Of the patients seen in Triage, and not re-admitted for treatment, the incidence of previous psychiatric treatment has been even higher.

Another factor which influences the type of patient admitted, is that the techniques of analytic investigation, persuasion and suggestion defined at the hospital and in text books by the first Medical Director, are now widely known and practised, and patients who can recover by these methods are now treated by psychiatrists all over the country. Few patients coming to the hospital are likely now to benefit by these methods and more require, and are referred specially for, analytic treatment.

During the period requests from outside doctors and psychiatrists for the admission of patients requiring psycho-analysis is however much higher than our capacity to provide it. Because of the lengthy nature of the treatment no doctor during the year had more than two such patients at one time; his other beds were filled with patients chosen for their suitability for other shorter treatments. Many patients had to be refused treatment, but the great shortage of facilities for treatment throughout the country has left us with a lengthy waiting list which, for some of the doctors, goes up to three years.

Standards of Treatment

The difficult working conditions within the hospital limited the number of beds for patients who required intensive nursing, and nursing opportunities during this period were only as good as the accommodation could allow. The nurses worked untiringly and ably and

medical treatment continued throughout the period. When the shortage of accommodation made it necessary for patients to leave the hospital, some of them continued to visit the hospital for treatment, living in nearby lodgings. A few of these were distressed by the need for such arrangements, but the medical and nursing staff made special arrangements to deal with these patient's difficulties, and there was no instance of a patient discontinuing treatment because of dissatisfaction with the arrangements. A few patients were given E.C.T., and a few were given continuous narcosis, but psychotherapy remained the usual treatment at the hospital, and patients continued to be selected for that purpose.

In spite of the major disturbance of the hospital throughout the period, treatment standards remained at a satisfactory level. When building plans are completed it is proposed to use the hospital annexe—designated Ross Ward, in memory of the first Medical Director of the hospital—for the nursing of the most severely upset patients, and to use the rest of the building—called the Centre and West Wing—for those who require less nursing care. The Social Therapy staff hope with the methods of community organisation described above, to allow patients in these two parts of the building to assume a good deal of responsibility and take on much initiative for the arrangement of their daily lives in this part of the hospital.

The Medical Sub-Committee

The Medical Sub-Committee met regularly throughout the period, and I am most grateful for their counsel during a difficult period. They considered carefully my various proposals for the hospital, were most helpful in commenting on the nurses' selection procedure and the design of the out-patient policy, in considering the possibility of liaison with other hospitals in the National Health Service, in interviewing and appointing medical staff, and in planning the Occupational Therapy department. Before the dissolution of the Committee Dr. Desmond Curran resigned in view of his new commitments with the National Health Service.

Dr. George Riddoch

The death of Dr. George Riddoch at the end of 1947 robbed the Medical Committee of a distinguished adviser, whose wise counsel and kind encouragement I valued highly. He willingly and generously placed his knowledge and advice at my disposal at all times. He was one of the group of distinguished senior neurologists who, after the first world war, recognised the need of the nation for a hospital for neurosis, and his interest in the development of The Cassel Hospital throughout the years sprang from a neurologist's recognition of the need for scientific psychiatry.

In Conclusion

The hospital entered the National Health Service on 5th July, 1948 and this therefore must be my last report to The Cassel Hospital Committee. It marks the beginning of a new medical epoch. The Trustees, from whose hands the hospital has now passed, may well be proud of its distinguished history under their trusteeship. The Committee has always shown me great understanding and given me full support, and I am most grateful to them. Our Medical Committee, drawn from the most distinguished men in the profession, have invariably extended kind counsel and helpful criticism, and I am grateful to them also. The Chairman of the hospital, Sir Felix Cassel, upon whose shoulders fell the major responsibilities that resulted from the decisions to leave Swaylands, to buy the new hospital site and to settle the hospital

in its new home is, I am glad to report, to be the Chairman of the new Hospital Management Committee in the National Health Service. I am deeply indebted to him for the personal kindness he has shown me during what has surely been the most difficult period in the history of the hospital's organisation. I am indebted to him for his ready availability at all times, and his constant scrutiny of the many problems, major and minor, that arose during the turbulent period of resettlement. The hospital Management Committee which assumes control of the hospital on July 5th contains five members of the former Committee.

I am glad to report to the retiring Committee that the hospital enters the new epoch with a co-operative staff of high promise in a site that offers every opportunity for the continuation of the high traditions of the past 27 years.

STATISTICAL TABLES, 1st JANUARY to 4th JULY, 1948

TABLE I Total Number of Patients Discharged from Hospital from 1st January to 4th July, 1948

| <i>New Patients</i> | <i>Re-admissions</i> | <i>Total</i> | <i>Discharged unsuitable within one month</i> | <i>Total in which treatment undertaken</i> |
|---------------------|----------------------|--------------|---|--|
| 64 | 6 | 70 | 2 | 68 |

TABLE 2 Total Number of Patients for whom Treatment was Undertaken from 1st January to 4th July, 1948.
Classification by Diagnosis, Sex and Condition on Discharge

| <i>Diagnosis</i> | MALES | | | | FEMALES | | | | TOTALS | | | |
|---------------------------------|------------------|-------------|-----------------|--------------|------------------|-------------|-----------------|--------------|------------------|-------------|-----------------|--------------|
| | <i>Much Imp.</i> | <i>Imp.</i> | <i>Not Imp.</i> | <i>Total</i> | <i>Much Imp.</i> | <i>Imp.</i> | <i>Not Imp.</i> | <i>Total</i> | <i>Much Imp.</i> | <i>Imp.</i> | <i>Not Imp.</i> | <i>Total</i> |
| Depressive States | 2 | 7 | 1 | 10 | 1 | 3 | 2 | 6 | 3 | 10 | 3 | 16 |
| Hysteria | 1 | 2 | 1 | 4 | 3 | 6 | 3 | 12 | 4 | 8 | 4 | 16 |
| Obsessional Neurosis | 2 | 4 | — | 6 | — | — | — | — | 2 | 4 | — | 6 |
| Anxiety Neurosis | 1 | 2 | 2 | 5 | 3 | 3 | 2 | 8 | 4 | 5 | 4 | 13 |
| Schizoid States | 2 | 1 | 1 | 4 | — | 2 | 2 | 4 | 2 | 3 | 3 | 8 |
| Involucional Melancholia | — | 1 | — | 1 | 1 | — | — | 1 | 1 | 1 | — | 2 |
| Manic Depressive Illness | — | 1 | — | 1 | — | 1 | — | 1 | — | 2 | — | 2 |
| Character Disorder | 1 | — | — | 1 | 1 | 1 | 1 | 3 | 2 | 1 | 1 | 4 |
| Hypochondriasis | — | — | — | — | — | 1 | — | 1 | — | 1 | — | 1 |
| Total | 9 | 18 | 5 | 32 | 9 | 17 | 10 | 36 | 18 | 35 | 15 | 68 |
| Percentage | 28% | 56% | 16% | 100% | 25% | 47% | 28% | 100% | 27% | 51% | 22% | 100% |

TABLE 3

Percentage Distribution of Results on Discharge and at Follow-up

(a) Cases Discharged during 1945

| Condition | On Discharge %age | Follow-up %age | | |
|--|-------------------|----------------|------|------|
| | | 1946 | 1947 | 1948 |
| Much Improved ... | 50 | 35 | 38 | 39 |
| Improved ... | 34 | 36 | 33 | 32 |
| Not Improved ... | 16 | 29 | 29 | 29 |
| Total ... | 100 | 100 | 100 | 100 |
| Total cases on which percentage based... | 89 | 58 | 42 | 40 |
| Number not replying to follow-up ... | — | 31 | 47 | 49 |

(b) Cases Discharged during 1946

| Condition | On Discharge %age | Follow-up %age | |
|---|-------------------|----------------|------|
| | | 1947 | 1948 |
| Much Improved ... | 48 | 46 | 46 |
| Improved ... | 40 | 32 | 30 |
| Not Improved ... | 12 | 22 | 24 |
| Total ... | 100 | 100 | 100 |
| Total cases on which percentage based ... | 85 | 37 | 37 |
| Number not replying to follow-up ... | — | 48 | 48 |

(c) Cases Discharged during 1947

| Condition | On Discharge %age | Follow-up 1948 %age |
|---|-------------------|---------------------|
| Much Improved ... | 34 | 39 |
| Improved ... | 45 | 37 |
| Not Improved ... | 21 | 24 |
| Total ... | 100 | 100 |
| Total cases on which percentage based ... | 68 | 41 |
| Number not replying to follow-up ... | — | 27 |

Report of The General Committee.

1st JANUARY TO 4th JULY, 1948.

GENERAL

The various activities during the period under review were undertaken with mixed feelings by the Committee. The approaching end of the era of work under the old established Committee and the dissolution of that Committee, after the decision had been taken that The Cassel Hospital should enter the National Health Service, were matters for sadness. On the other hand, watching the recently purchased hospital at Ham becoming, under the expert hands of Messrs. Bovis, more habitable and being altered to accommodate 100 patients, the extensive planning and replanning of all services, the acquiring of properties for staff accommodation, the equipping of the new hospital, the preparation for entry into the new Health Service all proved most stimulating and, on the 5th July, 1948, The Cassel Hospital, together with its endowments amounting to approximately £45,000 was handed over to the Minister of Health in the confident hope that the valuable work set in motion in 1919 by the generosity of the Hospital's Founder, Sir Ernest Cassel, would continue in the same form and expand in its new and enlarged surroundings.

General and Medical Committees

The General and Medical Committees continued as hitherto until they were dissolved on 5th July, 1948, prior to the hospital's entry into the National Health Service. The Chairman then placed on record, and would like to re-affirm here, his gratitude and appreciation to all those Committee Members who had served the hospital in the past. It was regretted that some members would no longer be able to serve, but it was noted with pleasure that others had been appointed to the new Committee, and it was hoped would carry over into the new service the old and proud traditions of the hospital.

In October, 1947, The Cassel Hospital opted to go into the National Health Service. In April, 1948, the Minister of Health agreed that The Cassel Hospital should continue to operate as a single unit and have its own Management Committee of a Chairman and ten Members, which would be responsible to the Minister through the South West Metropolitan Regional Hospital Board in which geographic region the hospital is situated. In April, 1948, in accordance with the provisions of the National Health Service Act, 1946, the General and Medical Committees were asked to submit 8 and 4 names respectively. From these the Regional Board selected 9 for the new Committee and filled the remaining two places with

local residents. The Committee appointed was as follows :

Sir FELIX CASSEL (*Chairman*).
Lord COURTAULD-THOMSON.
Countess MOUNTBATTEN.
Mr. FRANCIS CASSEL.
Mr. LESLIE LETTS.
Mr. W. MORRELL.
Dr. W. CLIFFORD SCOTT.
Mr. S. W. SMART.
Mr. V. E. VINCENT.
Major F. J. WALTERS.
1 Vacancy.

New Hospital

Early in 1948, the Committee decided on an extensive programme of repairs, alterations and decorations to bring the building up to a good standard of efficiency and to provide accommodation for 100 in-patients. This work involved, among other things, the entire re-planning and re-equipping of the kitchen and servery, installing a food lift, creating a cafeteria for labour-saving purposes, building a new staircase and installing a new electrical system. It was essential that the treatment of the patients should not be interrupted and that the work should be completed with all speed. The hospital was therefore handed over to the builders in 3 sections, patients and staff being moved as necessary. At one period, the entire administrative and clerical staff were housed in one large hall with only one telephone, while for months all work of the hospital was carried on amid noises of building.

Under the able direction of the architect, Mr. Frank Scarlett, the work is in the hands of Messrs. Bovis, Ltd., and it is hoped will be completed before the end of 1948. The Committee desires to place on record its appreciation not only of the speed and efficiency with which the work is being carried out, but also of the great generosity of Mr. V. E. Vincent of Messrs. Bovis, who offered to place at the disposal of the hospital, for amenity purposes, the entire profit part of the contract. This generous action has been recorded permanently by the creation of "The Vincent Fund."

Staff

In accordance with the medical policy planned for the new hospital to increase to 100 the number of in-patients treated, the whole establishment of the hospital was carefully reviewed, work re-designed and the staff increased to what was considered the minimal level at which the various departments could function

adequately. Between January and March four full-time and two part-time physicians and three extra nurses were engaged, and by the end of June a social therapist, a psychologist, a domestic supervisor/staff welfare officer, four clerical staff, two maintenance staff and twenty domestics had been added.

Early in the year the Committee decided that the new and comparatively small premises at Ham did not justify the posts of both House Governor and Secretary and, in May, Mr. C. Hake the House Governor retired. The Committee would like to place on record its appreciation of the valuable and faithful service Mr. Hake had rendered to the hospital over a period of 16½ years. Miss Dorothy Mallion continues in the office of Secretary as during the past seven years.

Staff Houses

Again in 1948, as in 1947, the search for houses to accommodate further staff was one of the main problems, but the Committee is pleased to record that by June, eight further houses had been purchased for the accommodation of the Medical Director, two Physicians, further Nurses, Social Therapist, some Domestic Staff and the Secretary. Deposits were also paid on three more staff houses, but as negotiations for these were not completed by the 5th July, the business had to be handed over to the Minister of Health, and we are not yet in possession of them. Some of the houses purchased for Medical and Nursing Staff were far from ideal either in distance from the hospital or in accommodation, but it is hoped that in due course it will be possible to sell these and to purchase others.

SWAYLANDS

Negotiations with various bodies for the sale of Swaylands, begun in 1947, continued in 1948 as also did the winding up of the de-requisitioning of Swaylands by the military authorities. Mr. Hake conducted these negotiations and, although officially leaving the service of the hospital at the end of May, stayed on until all affairs in connection with Swaylands were completed. The whole estate of Swaylands, with its 13 cottages, was sold on the 1st July, 1948, and passed to the Middlesex County Council to be used as a residential school.

The garden staff, who throughout the period of evacuation of the hospital had continued at Swaylands and run the gardens on a market garden basis, and the Engineer, Carpenter and the Caretaker, who had remained at Swaylands during the war to maintain the building for the military authorities, were taken over by the Middlesex County Council and ceased to be Cassel Hospital Staff on the 4th July.

These staff, together with other long service staff who had evacuated to Stoke-on-Trent with the hospital, but who had retired around the period when the hospital moved to Ham, were granted gratuities commensurate with their periods of service.

The Committee desires to record its appreciation and thanks to all these ex-members of the staff who have given many years of devoted service to the welfare of the hospital.

FINANCE

During this period Expenditure exceeded Income by £24,400. The *Extraordinary Expenditure* of £7,510 was of an exceptional and non-recurring nature, consequent upon the transfer of the Hospital and the abandonment of property at Stoke-on-Trent.

The Income and Expenditure cannot usefully be compared with the twelve months ended 31st December, 1947, because of the different periods, and of the changed circumstances since the transfer of the Hospital to Ham Common, Richmond, in November 1947. The Statistical Tables, however, provide an interesting comparison with the year 1947. It will be noted that the average number of patients resident daily increased from 26.13 to 46.50, and that the average weekly cost per patient increased from £21 18s. 7d. to £28 11s. 10d. There was some increase in the average cost per patient under most heads of Ordinary Expenditure but the greatest increase was in respect of Extraordinary Expenditure.

The *Ordinary Income* from Interest and Dividends was considerably reduced as a result of the realisation of Investments in 1947 and the current period.

Turning to the *Balance Sheet*, it will be seen that further substantial sales of investments took place during the period and the Penshurst Property also was sold. The funds realised from these sources have in the main been used to repay the Bank Overdraft of £18,915 which appeared at 31st December, 1947, to finance the additions to Property and Equipment, and to strengthen the cash resources so that the Cash at Bank on 4th July, 1948, had increased to £31,362.

A loss of £22,043 on the sale of properties at Penshurst and Stoke-on-Trent has been charged to Founders' Trust Fund, leaving a balance on this Fund of £203,641.

Additions to Land and Buildings included the expenditure of a further £14,641 on Lawrence Hall and of £21,410 in the purchase of six houses at Kingston for staff accommodation.

The deficit for the period of £24,400 has been set against the accumulated balance on General Fund.

CONCLUSION

In this final report The Cassel Hospital Committee wishes to record its thanks and appreciation to its Chairman, to all past and present Members of the Committees, to all past and present Staff and to the Auditors, all of whom have done much to build and maintain the splendid work and high traditions of The Cassel Hospital.

We wish the Hospital every success in its new sphere under the National Health Service.

INCOME AND EXPENDITURE ACCOUNT FOR THE PERIOD FROM 1st JANUARY TO 4th JULY, 1948

| INCOME | | | |
|---|-----|----------|--------------|
| Ordinary— | £ | s. d. | £ s. d. |
| I. RECEIPTS ON ACCOUNT OF SERVICES RENDERED | | | |
| FROM PATIENTS— | | | |
| Fees | ... | ... | 10,509 16 11 |
| II. INVESTED PROPERTY | | | |
| Interest, Dividends, etc. ... | ... | 323 10 9 | |
| Rents | ... | 43 15 0 | |
| | | | 367 5 9 |
| Ordinary Income | ... | ... | 10,877 2 8 |
| Extraordinary— | | | |
| I. RENTS OF EVACUATED PROPERTIES AT SWAYLANDS | ... | 51 10 1 | |
| Extraordinary Income | ... | | 51 10 1 |
| TOTAL INCOME | ... | ... | 10,928 12 9 |
| Balance, being excess of Total Expenditure over Total Income for the period from 1st January to 4th July, 1948 | | | |
| | ... | ... | 24,400 1 8 |
| | | | £35,328 14 5 |

| EXPENDITURE | | | |
|---|-----|-------|---------|
| Ordinary | £ | s. d. | £ s. d. |
| I. PROVISIONS | ... | ... | ... |
| II. SURGERY AND DISPENSARY | ... | ... | ... |
| III. DOMESTIC | ... | ... | ... |
| IV. SALARIES AND WAGES (MAINTENANCE) | ... | ... | ... |
| V. MISCELLANEOUS | ... | ... | ... |
| VI. ADMINISTRATION | ... | ... | ... |
| VII. ESTABLISHMENT | ... | ... | ... |
| VIII. FINANCE | ... | ... | ... |
| Ordinary Expenditure | ... | ... | ... |
| Extraordinary— | | | |
| I. UPKEEP OF EVACUATED PROPERTIES AT SWAYLANDS | ... | ... | ... |
| II. EXPENDITURE ON REMOVAL OF THE HOSPITAL FROM STOKE-ON-TRENT TO HAM COMMON | ... | ... | ... |
| III. EXPENDITURE ON DILAPIDATIONS AT STOKE-ON-TRENT | ... | ... | ... |
| IV. EXPENDITURE ON GRATUITIES TO STAFF AT SWAYLANDS... .. | ... | ... | ... |
| V. EXPENDITURE (LESS RECEIPTS) ON SWAYLANDS GARDENS | ... | ... | ... |
| Extraordinary Expenditure | ... | ... | ... |
| TOTAL EXPENDITURE | ... | ... | ... |

BALANCE SHEET, 4th JULY, 1948

[illegible]

We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit. In our opinion proper books of account have been kept by the Hospital so far as appears from our examination of those books. We have examined the above Balance Sheet and annexed Income and Expenditure Account which are in agreement with the books of account. In our opinion and to the best of our information and according to the explanations given us the Balance Sheet gives a true and fair view of the state of affairs of the Hospital as at 4th July, 1948, and the Income and Expenditure Account gives a true and fair view of the deficit for the period ended on that date.

ALDERMAN'S HOUSE,
BISHOPSCATE,
LONDON, E.C.2.
7th October, 1949.

SCHEDULE OF INVESTMENTS AT COST.

4th July, 1948.

FOUNDER'S TRUST FUND

| | | | | | | | | |
|---|-----|-----|-----|-----|--------|----|----|------------|
| £1,500 Bristol Corporation 3% Stock, 1958/63 | ... | ... | ... | ... | £1,491 | 12 | 3 | |
| £3,000 Barclay Perkins & Co. Ltd., 3½% Mortgage Debenture Stock | ... | | | | 3,020 | 0 | 3 | |
| £3,100 Bass Ratcliff & Gretton Ltd., 3½% " B " Mortgage Debenture Stock | | | | | 3,153 | 14 | 9 | |
| £368 William Younger & Co. Ltd., 3½% Debenture Stock | ... | ... | | | 333 | 18 | 4 | |
| £1,150 South Suburban Gas Co., 5% Perpetual Debenture Stock | ... | | | | 1,273 | 0 | 10 | |
| | | | | | | | | £9,272 6 5 |

GENERAL FUND

| | | | | | | | | |
|--|-----|--|--|--|--|--|--|-------------|
| £335 Shell Transport & Trading Co. Ltd., 5% First Preference Stock | ... | | | | | | | 317 18 6 |
| | | | | | | | | £9,590 4 11 |

SPECIAL FUNDS

(i) KATHERINE WALEY COHEN TRUST FUND.

| | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|------------|
| £1,665 Shell Transport & Trading Co. Ltd., 5% First Preference Stock | ... | ... | ... | ... | ... | ... | ... | £1,582 1 6 |
|--|-----|-----|-----|-----|-----|-----|-----|------------|

(ii) HELEN GERTRUDE KLAASEN TRUST FUND.

| | | | | | | | | |
|----------------------------|-----|-----|-----|-----|-----|--|--|---------|
| £496 4s. 6d. 3½% War Stock | ... | ... | ... | ... | ... | | | 500 0 0 |
|----------------------------|-----|-----|-----|-----|-----|--|--|---------|

(iii) MARY ANNE OAKE BEQUEST.

| | | | | | | | | |
|---|-----|-----|-----|--|--|--|--|---------|
| £100 2½% Defence Bonds (Conversion Issue) | ... | ... | ... | | | | | 100 0 0 |
|---|-----|-----|-----|--|--|--|--|---------|

| | | | | | | | | |
|-----------------------------|-----|-----|-----|-----|-----|--|--|----------|
| £495 17s. 5d. 3½% War Stock | ... | ... | ... | ... | ... | | | 497 19 6 |
|-----------------------------|-----|-----|-----|-----|-----|--|--|----------|

| | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-------|
| £250 Textile Trades Corporation Berlin 7% Stock Trust Certificates | ... | ... | ... | ... | ... | ... | ... | — — — |
|--|-----|-----|-----|-----|-----|-----|-----|-------|

£2,680 1 0

Total as per Balance Sheet, 4th July, 1948 ...

£12,270 5 11

(Market Value at 5th July, 1948, £13,339 19s. 4d.)

STATISTICAL TABLES FOR THE PERIOD FROM 1st JANUARY TO 4th JULY, 1948
and comparison with the Year ended 31st December, 1947

| ACCOMMODATION | | | | 1948 (1st January to 4th July) | 1947 (Year ended 31st December, 1947) |
|---|-----|-----|-----|--------------------------------------|---|
| Number of available beds | ... | ... | ... | 62/63 | 29/30 |
| Average number of patients resident daily | ... | ... | ... | 46.50 | 26.13 |
| Number of admissions during the period | ... | ... | ... | 87 | 80 |
| Number of discharges during the period | ... | ... | ... | 69 | 78 |
| Number remaining at the end of the period | ... | ... | ... | 45 | 30 |

| EXPENDITURE | | Expenditure for the period from 1st January to 4th July, 1948 | Average weekly cost per patient during the period from 1st January to 4th July, 1948 | Expenditure for the year ended 31st December, 1947 | Average weekly cost per patient during the year ended 31st December, 1947 |
|------------------------|-----|---|---|---|---|
| ORDINARY | | £ s. d. | £ s. d. | £ s. d. | £ s. d. |
| Provisions | ... | 2,610 17 8 | 2 2 3 | 3,178 10 0 | 2 6 8 |
| Surgery and Dispensary | ... | 448 19 6 | 7 3 | 251 6 8 | 3 8 |
| Domestic | ... | 5,753 10 11 | 4 13 1 | 2,790 2 4 | 2 0 11 |
| Salaries and Wages | ... | 13,485 2 2 | 10 18 4 | 12,926 4 8 | 9 9 9 |
| Miscellaneous | ... | 1,355 18 4 | 1 2 0 | 1,704 9 8 | 1 5 0 |
| Administration | ... | 1,823 3 7 | 1 9 6 | 2,737 16 0 | 2 0 2 |
| Establishment | ... | 1,399 4 9 | 1 2 7 | 182 15 10 | 2 8 |
| Finance | ... | 941 9 5 | 15 3 | 1,258 10 6 | 18 6 |
| | | 27,818 6 4 | 22 10 3 | 25,029 15 8 | 18 7 4 |
| EXTRAORDINARY | | 7,510 8 1 | 6 1 7 | 4,850 17 1 | 3 11 3 |
| Total Cost | ... | <u>£35,328 14 5</u> | <u>£28 11 10</u> | <u>£29,880 12 9</u> | <u>£21 18 7</u> |

